REGISTRATION REPORT FEE IS:

11/29/2019

__\$15.00 If filed after 9/30/2018

__\$10.00 If filed on or before 8/31/2018

Corporation will be administratively dissolved if report is not filed by

N00067375 Date Filed: 7/24/2018 John R. Ashcroft Missouri Secretary of State

WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE, BY LAW

IT WILL BECOME A PUBLIC DOCUMENT AND ALL INFORMATION

PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE

E-MAIL ADDRESS (OPTIONAL): Itc@lstrawbridge.com

	* s	SECTION 1, 3 & 4 ARE	REQUIRED		_					
	REPORT DUE BY: 8/31/2018						ORGANIZED UNDI Missouri	ORGANIZED UNDER THE LAWS OF: Missouri		
N00067375 THE LOOP TROLLEY COMPANY BENJAMIN UCHITELLE 41 CRESTWOOD DR CLAYTON MO 63105					=	1	PRINCIPAL PLACE 5875 Delmar Blvd STREET St. Louis MO CITY / STATE	OF BUSINESS OR CORPORATE H I. 63112 ZIP	EADQUARTERS: (Required)	*
		If changing the reg	istered agent and/or	registered office add	dress, please c	heck		ox(es) and fill in the necessary in	formation.	
	2	☐ The new registered agent IF CHANGING THE REGISTERED AGENT, AN ORIGINAL WRITTEN CONSENT FROM THE NEW REGISTERED AGENT MUST BE ATTACHED AND FILED WITH THIS REGISTRATION REPORT. ☐ The new registered office address								
3	+	Must be a Missouri address, PO Box alone is not acceptable. This section is not applicable for Banks, Trusts and Foreign Insurance. OFFICERS BOARD OF DIRECTORS *								
		NAME AND PHYSICAL ADDRESS (P.O. BOX ALONE NOT ACCEPTABLE).		PTABLE).	NAME AND PHYSICAL ADDRESS (P.O. BOX ALONE NOT ACCEPTABLE).					
		<u>PRESIDENT</u> STREET	Sterman, Les 1121 Locust St. Apt 402				<u>NAME</u> STREET	Tucci, Kim 1143 Mackland Ave.		
		CITY/STATE/ZIP SECRETARY STREET	St. Louis MO 63101 Adams, Joe 924 Wild Cherry	•		CITY/STATE/ZIP NAME STREET CITY/STATE/ZIP NAME STREET	<u>NAME</u>	St. Louis MO 63110 Uchitelle, Ben 41 Crestwood Dr		
	3	CITY/STATE/ZIP	University City MO 63120					Saint Louis MO 63105		
		VICE PRESIDENT STREET	Sehr, Tom 3863 Utah Place					Hales, Maggie 6340 Clayton Rd Ste 202		
		CITY/STATE/ZIP	Saint Louis MO 631	116		.	CITY/STATE/ZIP	SAINT LOUIS MO 63117		
		<u>TREASURER</u> STREET	Moschenross, Don 864 Berry Hill Dr				<u>NAME</u> STREET			
		CITY/STATE/ZIP	Olivette MO 63132			TUE 6	CITY/STATE/ZIP	ECTODS ADE ATTACHED		
		NAMES AND ADDRESSES OF ALL OTHER OFFICERS AND DIRECTORS ARE ATTACHED The undersigned understands that false statements made in this report are punishable for the crime of making a false declaration under Section 575.060 RSMo. Photocopy or stamped signature not acceptable.								
	4	Authorized party or officer sign here Ben Uchitelle						(Required)		
		Please print name and title of signer: Ben Uchitelle				1	Director			
				NAME				TITLE		